

MULTIPLE DEPEN.  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

10 / 524 374

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
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50		1					
TOTAL IND.	4		↓			↓	
TOTAL DEP.	16	←	←	←	←	←	←
TOTAL CLAIMS	20	████████	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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97							
98							
99							
100							
TOTAL IND.			↓			↓	
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS	20	████████	████████	████████	████████	████████	████████